

KENTUCKY RETIREMENT SYSTEMS
1260 Louisville Road
Frankfort, KY 40601
Phone: (502) 564-4646 ext. 4520
Fax: (502) 564-9198
www.kyret.com

Retired
Member's
SSN

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FORM 6017
April 2003

Retired
Member's Name: _____

FEDERAL INCOME TAX WITHHOLDING PREFERENCE FOR PERIODIC PAYMENTS

Your Name: _____ Your SSN: _____

Address: _____
Street City State ZIP Code

☐ Check here if new address.

A periodic payment is any payment, other than an eligible rollover distribution, that is paid out over a period of more than one year, except for the 60 month certain payment option for a surviving spouse, which is an eligible rollover distribution. This federal tax withholding preference applies to the portion of your benefit that is subject to income tax; no withholding will be made on the portion of benefit that is not subject to income tax. The retirement systems will withhold taxes based on tax tables for "Married with 3 exemptions" if you fail to submit a withholding preference. If you receive a benefit from different member accounts, you will need to complete a tax withholding preference for each account. If you receive benefits from accounts from multiple retirement systems, this withholding preference will be applied to all benefits received from these multiple systems. However, if you want the withholding preference to apply to a specific retirement system, complete a separate tax withholding preference for each system, and check the appropriate system for which you want this tax withholding preference applied:

☐ KERS ☐ CERS ☐ SPRS

Check only **one** of the following federal tax withholding preferences:

Select only this box to have no taxes withheld from your monthly benefit.

1. ☐ DO NOT WITHHOLD FEDERAL TAX.

Select only this box to have tax withheld from your monthly benefit in accordance with the tax tables for the number of exemptions claimed. Indicate whether filing single or married and the total number of exemptions.

2. ☐ WITHHOLD FEDERAL TAX IN ACCORDANCE WITH THE TAX TABLES.

☐ SINGLE ☐ MARRIED TOTAL EXEMPTIONS CLAIMED: _____

PLUS (OPTIONAL)

ADDITIONAL DOLLAR AMOUNT FOR MONTHLY WITHHOLDING: \$ _____

I direct the Kentucky Retirement Systems to withhold federal income taxes as indicated on this federal income tax withholding preference form. I understand that I may be required to pay estimated taxes, and that there are penalties for not paying enough taxes during the year either through withholding or estimated taxes. I understand that I may incur penalties if my withholding and estimated taxes are not sufficient.

SIGNATURE: _____ DATE: _____